

**Application Data Sheet**

**Application Information**

Application Number::

Filing Date::

Application Type::

**US National Phase**

Subject Matter::

**Utility**

Suggested Classification::

Suggested Group Art Unit::

Title::

**MICROWAVE PACKAGE WITH SURFACE  
MOUNTING AND CORRESPONDING  
MOUNTING WITH A MULTILAYER CIRCUIT**

Attorney Docket Number::

**4590-426**

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets::

**6**

**Applicant Information**

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

**France**

Status::

Given Name::

**Philippe**

Middle Name::

Family Name::

**KERTESZ**

Name Suffix::

City of Residence::

**Rueil Malmaison**

State or Province of Residence::

Country of Residence::

**France**

Street of Mailing Address::

**17 Square Ronsard**

City of Mailing Address::

**Rueil Malmaison**

Postal or Zip Code::

**92500**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Bernard**  
Middle Name::  
Family Name:: **LEDAIN**  
Name Suffix::  
City of Residence:: **Sevres**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **15 rue des Pommerets**  
City of Mailing Address:: **Sevres**  
Postal or Zip Code:: **92310**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Daniel**  
Middle Name::  
Family Name:: **CABAN-CHASTAS**  
Name Suffix::  
City of Residence:: **ISSY LES MOULINEAUX**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **18 avenue du Bas Meudon**  
City of Mailing Address:: **ISSY LES MOULINEAUX**  
Postal or Zip Code:: **92130**

### **Correspondence Information**

Correspondence Customer No:: 33308  
Phone Number:: **(703) 684-1111**  
Fax Number:: **(703) 518-5499**  
E-Mail Address::

10/539735

JC17 Rec'd PCT/PTO 20 JUN 2005

**Representative Information**

Representative Customer Number::

Representative Designation:: Registration Number:: Representative Name::

*Primary or Associate***Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FR	02 16363	December 20, 2002	Yes
	PCT/EP03/50964	December 8, 2003	Yes

**Assignee Information**

Assignee Name:: THALES  
Street of Mailing Address:: 45, rue de Villiers  
City of Mailing Address:: Neuilly Sur Seine  
State of Mailing Address::  
Country of Mailing Address:: France  
Postal or Zip Code:: 92526